PTO/SB/22 (12-04)
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PETITION FOR EXTENSION O	F TIME UNDER 37 CFR 1.136(a	)
FY	2005	

Docket Number (Optional)

5041US

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(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/955,656 Filed September 18, 2001 METHOD TO IDENTIFY ANTIBODY TARGETS Art Unit 1634 Examiner Carla J. Myers This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee \$60 One month (37 CFR 1.17(a)(1)) \$120 \$225 \$450 Two months (37 CFR 1.17(a)(2)) \$450 ☐ Three months (37 CFR 1.17(a)(3)) \$510 \$1020 \$795 Four months (37 CFR 1.17(a)(4)) \$1590 \$1080 Five months (37 CFR 1.17(a)(5)) \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number . I have enclosed a duplicate copy of this sheet.

assignee of record of the entire interes  Statement under 37 CFR 3.73(b) is	
attorney or agent of record. Registration	on Number
Registration number if acting under 37 CFR 1	.34. <u>54,498</u> .
Jenney Duning rand	10/11/2005
Signature /	Date
Jennifer D. Tousignant	508.270.2499
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if

WARNING: Information on this form may become public. Credit card information should not be included on

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this form. Provide credit card information and authorization on PTO-2038.

applicant/inventor.

forms are submitted.

more than one signature is required, see below.

Total of

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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number   Application Number   Application Number   NICOLETTE	Effective	on 12/08/2	2004. istions Act. 2005 (H.R. 481	8)	Complete if Known					
First Names (Inventor Name)   First Names (Inventor Name)   Carta J. Myers	Effective on 12/08/2004. Fees personnt to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Δ.	Application Number	09/955,656				
First Named Inventor	KEE IRANSMITTAL		F	Filing Date September 18, 2001						
Card J. Imperators   Card J.	for FY 2005				NICOLETTE					
TOTAL AMOUNT OF PAYMENT   (5)   SO. OD   Ant Unit   1834   Alterney Docket No.   5041US										
METHOD OF PAYMENT (check all that apply)										
METHOD OF PAYMENT (check all that apply)	TOTAL AMOUNT OF PAY	MENT (	(\$) <i>450.00</i>	-	<del> </del>					
Check										<u> </u>
Deposit Account Deposit Account Number: 07-1074    Deposit Account Name: GENZYME CORPORATION	METHOD OF PAYMENT	(check a	II that apply)							100
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   Charge fee(s)   Credit any overpayments	☐ Check ☐ Credit Card	☐ Mo	ney Order 🔲 None	Ot	ther (please identify	y) :				_
Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form way become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (\$) Fee	Deposit Account Depos	sit Accoun	t Number: 07-1074		Deposit Acco	ount Name: GEN	NZYME C	ORPOR	ATION	
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   Under 37 CFR 1.16 and 1.17	For the above-iden	tified depo	osit account, the Directo	r is he	reby authorized to:	(check all that a	pply)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge fee(	s) indicate	ed below		Char	ge fee(s) indicat	ed below	, except	for the filing fee	<b>;</b>
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION				its of fe	ee(s) 🔀 Cred	lit any overpaym	ents			
Teleprotection   Tele	Under 37 Ci WARNING: Information on this	FR 1.16 a form mav	nd 1.17 become public. Credit ca	rd infor	rmation should not b	e included on this	s form. Pr	ovide crec	dit card	
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   Small Entity   Small E	information and authorization of	on PTO-203	38.			o.ooo on this				
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Small Entity										
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Utility   300   150   500   250   200   100   100   50   50   50	Application Type			Fee(\$					Fees Paid (\$)	)
Plant								141		L
Reissue 300 150 500 250 600 300	Design	200	100	100	50	130	65			
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2. EXCESS CLAIM FEES  Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims  Total Claims Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee(\$)  Fee Paid (\$)  Shouth or ach additional 50 or fraction thereof or ach additional 50 or fracti	Reissue	300	150	500	250	600	300			
Fee Description   Fee (\$)   Fee (\$)	Provisional	200	100	0	0	0	0			•
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)  - 3 or HP=  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 =	2. EXCESS CLAIM FEE	S						<u>§</u>	Small Entity	
Each independent claims    Multiple dependent claims   Sector Claims   Fee(\$)   Fee Paid (\$)   Multiple Dependent Claims   19	<del></del>								Fee (\$)	
Multiple dependent claims  Total Claims  Extra Claims  Pee(\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  - 3 or HP=  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =							-	-		
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	HP = highest number of total	al claims pa	aid for, if greater than 20.				_		<u> </u>	
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listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets			and 100 abouts of name	# (aval	udina alaatraniaalli	filed segments				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof ————————————————————————————————————									50	
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2-month extension  SUBMITTED BY Signature Registration No. (Attorney/Agent) Signature Date 10/11/2005		•					of Fe	<u>e (\$)</u> <u> </u>	Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2-month extension  SUBMITTED BY Signature Registration No. (Attorney/Agent) 54,498 Telephone 508.270.2499 Name (Print/Type) Jennifer D. Tousignant Date 10/11/2005	100 =		/ 50 =	(round	<b>l up</b> to a whole ni	umber) x			<u> </u>	
Other (e.g., late filing surcharge): 2-month extension  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 54,498  Telephone 508.270.2499  Name (Print/Type)  Jennifer D. Tousignant  Date 10/11/2005	• • •							Ē	Fees Paid (\$)	
SUBMITTED BY  Signature   Registration No. (Attorney/Agent)   54,498   Telephone   508.270.2499  Name (Print/Type)   Jennifer D. Tousignant   Date   10   11   200.5			·	•	ount)			-		
Signature Registration No. (Attorney/Agent) 54,498 Telephone 508.270.2499  Name (Print/Type) Jennifer D. Tousignant Date 10/11/2005	Other (e.g., late fili	ng surcha	rge) : 2-month extension	1					<u>450.00</u>	
Signature Registration No. (Attorney/Agent) 54,498 Telephone 508.270.2499  Name (Print/Type) Jennifer D. Tousignant Date 10/11/2005										
Signature (Attorney/Agent) 54,498 Telephone 508.270.2499  Name (Print/Type) Jennifer D. Tousignant Date 10/11/2005	SUBMITTED BY	/	12.A.		77-1		· · · · · · · · · · · · · · · · · · ·			
Name (Print/Type) Jennifer D. Tousignant Date 10/11/2005	Signature	know	La Haurega	int	/	54,498		Telephone	508.270.249	<b>3</b> 9
	Name (Print/Type) Jennifer	D. Tousigna	nt		, and a second		-		1/	
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